



ANNUAL REPORT OF ABANDONED SAFE DEPOSIT BOX PROPERTY

This report must reach us on or before the due date, and must be signed by a current office or partner. The filing deadline is November 1 of each year for the preceding year ending June 30 (IC 32-34-1 et. seq.).

A Detailed Inventory of Safe Deposit Box Contents Must be Attached.

Holder Name

Holder Address (Street, city, state, zip)

Contact Name and phone number

Contact E-mail Address

Federal Employer Identification Number

Please list all prior business names (if merged or acquired by another business).

BUSINESS CLASSIFICATION (Check One)

- ☐ National Bank & Trust Co.
☐ State Bank & Trust Co.
☐ Savings (or Bldg.) & Loan Assoc.
☐ Credit Union
☐ Corporation (other than above)
☐ Other _____

REPORT FOR YEAR ENDING: _____

SUMMARY OF PROPERTY

Total number of boxes delivered.

VERIFICATION

I hereby verify, under penalties or perjury, that the facts contained herein are true and I am duly authorized to execute this verification by the holder and by law.

Signature of Current Officer

Title

Printed Name

() Extension
Phone Number

Return Completed Form to:

INDIANA ATTORNEY GENERAL'S OFFICE
Division of Unclaimed Property
35 South Park Blvd
Greenwood, IN 46143
317-883-4520